

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: TANAKA et al.  
 Docket: 10873.1347US01  
 Title: SOLID-STATE IMAGING DEVICE, METHOD FOR MANUFACTURING THE SAME AND INTERLINE TRANSFER CCD IMAGE SENSOR

U.S. PTO  
 10/731461



12/08/2003

**CERTIFICATE UNDER 37 CFR 1.10**

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I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: \_\_\_\_\_  
 Name: Teresa Anderson

Mail Stop PATENT APPLICATION  
 Commissioner for Patents  
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Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
- ☒ Utility Patent Application: Spec. 16 pgs; 25 claims; Abstract 1 pg.  
 The fee has been calculated as shown below in the 'Claims as Filed' table.
- ☒ 7 sheets of formal drawings
- ☒ Certified copy of a Japanese application, Serial No. 2003-044997, filed February 21, 2003, the right of priority of which is claimed under 35 U.S.C. 119
- ☒ A signed Combined Declaration and Power of Attorney
- ☒ Assignment of the invention to MATSUSHITA ELECTRIC INDUSTRIAL CO., LTD., Recordation Form
- ☒ Cover Sheet
- ☒ A check in the amount of \$840.00 to cover the Filing Fee
- ☒ A check for \$40.00 to cover the Assignment Recording Fee.
- ☒ Application Data Sheet, 4 pages.
- ☒ Return postcard

**CLAIMS AS FILED**

| Number of Claims Filed       |   | In Excess of: |   | Number Extra |   | Rate  |   | Fee      |
|------------------------------|---|---------------|---|--------------|---|-------|---|----------|
| Basic Filing Fee             |   |               |   |              |   |       |   | \$750.00 |
| Total Claims                 |   |               |   |              |   |       |   |          |
| 25                           | - | 20            | = | 5            | x | 18.00 | = | \$90.00  |
| Independent Claims           |   |               |   |              |   |       |   |          |
| 2                            | - | 3             | = | 0            | x | 86.00 | = | \$0.00   |
| MULTIPLE DEPENDENT CLAIM FEE |   |               |   |              |   |       |   | \$0.00   |
| TOTAL FILING FEE             |   |               |   |              |   |       |   | \$840.00 |

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

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